

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/598,642</td> </tr> <tr> <td>Filing Date</td> <td>September 7, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Franciscus Paulus Maria Budzelaar</td> </tr> <tr> <td>Title</td> <td>Active Matrix Display Device</td> </tr> <tr> <td>Group Art Unit</td> <td>2629</td> </tr> <tr> <td>Examiner Name</td> <td>Unassigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>22173-70304</td> </tr> </table>	Application Number	10/598,642	Filing Date	September 7, 2006	First Named Inventor	Franciscus Paulus Maria Budzelaar	Title	Active Matrix Display Device	Group Art Unit	2629	Examiner Name	Unassigned	Attorney Docket No.	22173-70304
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<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p>															
<p><input type="checkbox"/> A Power of Attorney is submitted herewith. OR</p> <p><input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">24728</div> </div> <p>OR</p> <p><input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> <th style="width: 30%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number										
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<p>Please recognize or change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: OR</p> <p><input type="checkbox"/> The address associated with Customer Number:</p> <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">24728</div> </div> <p>OR</p>															
<p><input checked="" type="checkbox"/> Firm or Individual Name: Raymond J. Ho MORRIS, MANNING & MARTIN, LLP</p>															
<p>Address: 1333 H Street NW Suite 820</p>															
<p>City: Washington State: DC Zip: 20005</p>															
<p>Country: US Telephone: (202) 408-5153 Email: rjho@mmmlaw.com</p>															
<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor. OR</p> <p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____</p>															
<p>SIGNATURE of Applicant or Assignee of Record</p>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature: <i>Wilma Wei</i></td> <td style="width: 50%;">Date:</td> </tr> <tr> <td>Name: Wilma Wei</td> <td>Telephone:</td> </tr> <tr> <td colspan="2">Title and Company: Director of TPO Hong Kong Holding Limited</td> </tr> </table>		Signature: <i>Wilma Wei</i>	Date:	Name: Wilma Wei	Telephone:	Title and Company: Director of TPO Hong Kong Holding Limited									
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Title and Company: Director of TPO Hong Kong Holding Limited															
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>															
<p><input checked="" type="checkbox"/> *Total of <u>2</u> forms are submitted.</p>															